



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
**DISABLED EMBALMER AND FUNERAL
DIRECTOR LICENSE AFFIDAVIT**

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
P.O. BOX 423, 3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65102-0423
TELEPHONE: (573) 751-0813 TTY: (800) 735-2966
WEBSITE: <http://pr.mo.gov/embalmers>
EMAIL: embalm@pr.mo.gov

**Please complete and return this form to the address listed above.
A disabled certificate will be issued to you if regulatory requirements are met.**

AFFIDAVIT

I, _____, hereby certify that I am disabled
(PLEASE PRINT NAME)
and wish to place my Missouri embalmer license # _____ and funeral director
license # _____ on a disabled status.

I further certify that I will not practice the professions of embalming and/or funeral directing in the state of Missouri pursuant to chapters 333, 193 and 194 RSMo. If at anytime in the future I should desire to reactivate my embalmer and/or my funeral director license(s), I will contact the board office for the appropriate form and pay the appropriate fee.

CURRENT MAILING ADDRESS		E-MAIL ADDRESS (OPTIONAL)	
CITY	STATE	ZIP CODE	
MUST BE SIGNED IN THE PRESENCE OF NOTARY	LICENSEE SIGNATURE ▶	DATE	
	PRINT NAME		
MUST BE SIGNED IN PRESENCE OF NOTARY ▶		LICENSEE SIGNATURE	
STATE OF		COUNTY	NOTARY PUBLIC EMBOSSED SEAL OR BLACK INK RUBBER STAMP
SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW	
DAY OF 20			
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			